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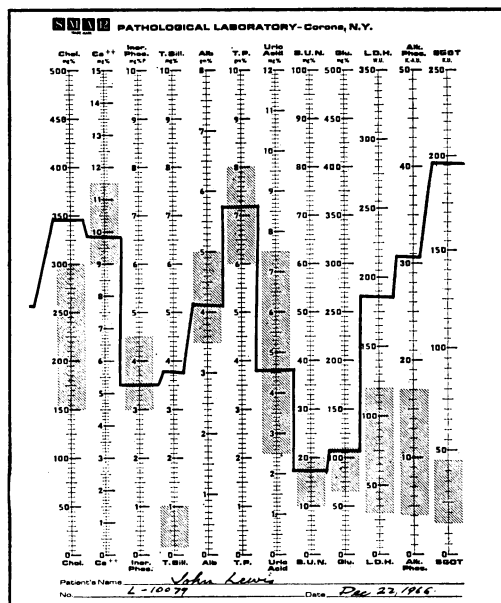
BLUE SHIELD

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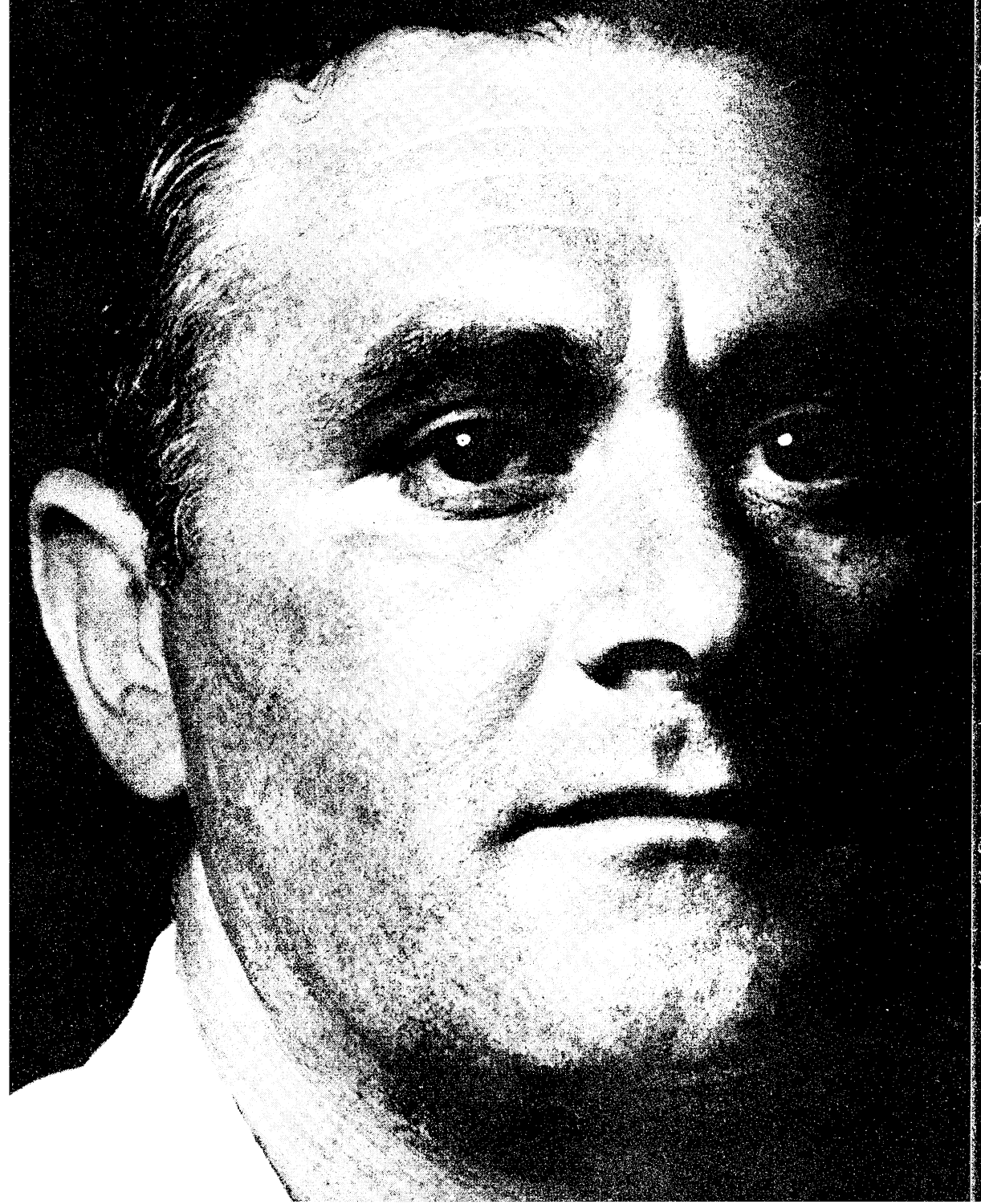
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The negative power of anxiety...

**This man thinks he may
never work again.**



The patient who has had a myocardial infarction is usually advised by his physician to avoid emotional excitement. All too often his family, acutely concerned, transmits its anxiety to him, urging him to "rest, rest."

How anxiety may interfere: In a study of 336 males who had suffered at least one myocardial infarction, Sigler¹ reports that manual workers showed the lowest percentage of patients returning to work, compared to clerical workers, business and professional men. The author notes that in many cases the mere apprehension that "return to work would shorten life prevents the patient from resuming activities." It is also well known that emotional disturbance is probably the most common cause of cardiac disability in postinfarction cases.¹

The anxiety factor in both *coronary* and *precoronary* patients has recently been discussed by Thomas,² who suggests: "Intensive investigation of the sources and kinds of anxiety, and how destructive forms of anxiety can be identified and relieved may be the next important step in the prevention of coronary heart disease."

Relief of anxiety with Librium® (chlordiazepoxide HCl) often proves a valuable adjunct to medical counsel, reassurance and the total management program; may help prevent the postcoronary patient from regressing into a state of invalidism.

As an adjunct in cardiovascular therapy, Librium® (chlordiazepoxide HCl): Quickly relieves anxiety of mild to severe degree in most cases. Helps expedite cooperation in therapeutic regimen. May be used concomitantly with certain specific medications of other classes of drugs, such as cardiac glycosides, antihypertensive agents and diuretics. By relieving anxiety, helps encourage productive activities. Has a wide margin of safety and, in proper maintenance dosage, seldom impairs mental acuity or ability to function. Often effective in extended therapy, usually without diminution of effect or need for increase in dosage—in protracted use, periodic blood counts and liver function tests are advisable.

References: 1. Sigler, L. H.: *Geriatrics*, 22:(9) 97, 1967.
2. Thomas, C. B.: *Johns Hopkins Med. J.*, 122:69, 1968.

Before prescribing, please consult complete product information, a summary of which follows:

Indications: Indicated when anxiety, tension and apprehension are significant components of the clinical profile.

Contraindications: Patients with known hypersensitivity to the drug.

Warnings: Caution patients about possible combined effects with alcohol and other CNS depressants. As with all CNS-

acting drugs, caution patients against hazardous occupations requiring complete mental alertness (e.g., operating machinery, driving). Though physical and psychological dependence have rarely been reported on recommended doses, use caution in administering to addiction-prone individuals or those who might increase dosage; withdrawal symptoms (including convulsions), following discontinuation of the drug and similar to those seen with barbiturates, have been reported. Use of any drug in pregnancy, lactation, or in women of childbearing age requires that its potential benefits be weighed against its possible hazards.

Precautions: In the elderly and debilitated, and in children over six, limit to smallest effective dosage (initially 10 mg or less per day) to preclude ataxia or oversedation, increasing gradually as needed and tolerated. Not recommended in children under six. Though generally not recommended, if combination therapy with other psychotropics seems indicated, carefully consider individual pharmacologic effects, particularly in use of potentiating drugs such as MAO inhibitors and phenothiazines. Observe usual precautions in presence of impaired renal or hepatic function.

Paradoxical reactions (e.g., excitement, stimulation and acute rage) have been reported in psychiatric patients and hyperactive aggressive children. Employ usual precautions in treatment of anxiety states with evidence of impending depression; suicidal tendencies may be present and protective measures necessary. Variable effects on blood coagulation have been reported very rarely in patients receiving the drug and oral anticoagulants; causal relationship has not been established clinically.

Adverse Reactions: Drowsiness, ataxia and confusion may occur, especially in the elderly and debilitated. These are reversible in most instances by proper dosage adjustment, but are also occasionally observed at the lower dosage ranges. In a few instances syncope has been reported. Also encountered are isolated instances of skin eruptions, edema, minor menstrual irregularities, nausea and constipation, extrapyramidal symptoms, increased and decreased libido—all infrequent and generally controlled with dosage reduction; changes in EEG patterns (low-voltage fast activity) may appear during and after treatment; blood dyscrasias (including agranulocytosis), jaundice and hepatic dysfunction have been reported occasionally, making periodic blood counts and liver function tests advisable during protracted therapy.

To curb anxiety in the postcoronary patient

adjunctive

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10-mg capsules



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Symbols in a life of
psychic tension

M.A.
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TV

director, late night
variety show

ECG
and complete
examination normal

(persistent
precordial distress)

Valium®
(diazepam)

2-mg, 5-mg, 10-mg tablets
t.i.d. and *h.s.*

for relief of psychic
tension and resultant
somatic symptoms
(including tension-
induced insomnia)

...usually well tolerated

Before prescribing, please consult
complete product information, a
summary of which follows:

Indications: Tension and anxiety
states; somatic complaints which are
concomitants of emotional factors;
psychoneurotic states manifested by
tension, anxiety, apprehension,
fatigue, depressive symptoms or
agitation; acute agitation, tremor,
delirium tremens and hallucinosis
due to acute alcohol withdrawal; ad-
junctionally in skeletal muscle spasm
due to reflex spasm to local pathol-
ogy, spasticity caused by upper
motor neuron disorders, athetosis,
stiff-man syndrome, convulsive
disorders (not for sole therapy).

Contraindicated: Known hypersensi-
tivity to the drug. Children under 6
months of age. Acute narrow angle
glaucoma.

Warnings: Not of value in psychotic
patients. Caution against hazardous
occupations requiring complete
mental alertness. When used ad-
junctionally in convulsive disorders,

possibility of increase in frequency
and/or severity of grand mal seizures
may require increased dosage of
standard anticonvulsant medication;
abrupt withdrawal may be associated
with temporary increase in frequency
and/or severity of seizures. Advise
against simultaneous ingestion of
alcohol and other CNS depressants.
Withdrawal symptoms have occurred
following abrupt discontinuance.
Keep addiction-prone individuals
under careful surveillance because of
their predisposition to habituation
and dependence. In pregnancy, lac-
tation or women of childbearing age,
weigh potential benefit against pos-
sible hazard.

Precautions: If combined with other
psychotropics or anticonvulsants,
consider carefully pharmacology of
agents employed. Usual precautions
indicated in patients severely de-
pressed, or with latent depression,
or with suicidal tendencies. Observe
usual precautions in impaired renal
or hepatic function. Limit dosage to

smallest effective amount in elderly
and debilitated to preclude ataxia or
oversedation.

Side Effects: Drowsiness, confusion,
diplopia, hypotension, changes in
libido, nausea, fatigue, depression,
dysarthria, jaundice, skin rash,
ataxia, constipation, headache, in-
continence, changes in salivation,
slurred speech, tremor, vertigo,
urinary retention, blurred vision.
Paradoxical reactions such as acute
hyperexcited states, anxiety, halluci-
nations, increased muscle spasticity,
insomnia, rage, sleep disturbances,
stimulation, have been reported;
should these occur, discontinue
drug. Isolated reports of neutropenia,
jaundice; periodic blood counts and
liver function tests advisable during
long-term therapy.



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